Supply Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claim. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors include but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

**CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.*

Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid Product.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form With the exception of Home Health Care and Durable Medical Equipment (DME), Orthotics and Prosthetic providers billing in place of service 12, this policy applies to all products and all network and non-network physicians and other health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other health care professionals.

Policy

Overview

This policy describes the reimbursement methodology for Healthcare Common Procedure Coding System (HCPCS) codes representing supplies, drugs and other items based on the Place of Service (POS) submitted and Centers for Medicare and Medicaid Services (CMS). The website containing the POS code set can be accessed via this link: CMS POS Code Set.

This policy does not apply to Home Health Care and DME providers reporting in a place of service 12 (home).

Reimbursement Guidelines

Supply Reimbursement in a Physician's or Other Qualified Healthcare Professional's Office and Other Non-facility Places of Service

Certain HCPCS supply codes are not separately reimbursable as the cost of supplies is incorporated into the Evaluation and Management (E/M) service or procedure code. UnitedHealthcare Community Plan will not separately reimburse the HCPCS supply codes when those supplies are provided on the same day as an E/M service and/or procedure performed in a non-facility place of service by a physician or other qualified health care professional.

Proprietary information of UnitedHealthcare Community Plan. Copyright 2026 United HealthCare Services, Inc. 2026R0006H

For the purposes of this policy, a non-facility place of service is considered POS 1, 3, 4, 9, 11, 13, 14, 15, 16, 17, 20, 27, 33, 49, 50, 54, 55, 57, 60, 62, 65, 71, 72, 81 and 99.

Casting and Splint Supplies
HCPCS codes A4570, A4580, and A4590 which were previously used for billing of splints and casts are invalid for Medicare use effective July 1, 2001, and new temporary Q codes were established to reimburse physicians and other practitioners for the supplies used in creating casts. Consistent with CMS, UnitedHealthcare Community Plan does not reimburse HCPCS codes A4570, A4580, and A4590 for casting and splint supplies. Physicians and other qualified health care professionals should the temporary Q codes (Q4001-Q4051) for reimbursement of casting and splint supplies.

Implantable Tissue Markers

CMS clarifies that implantable tissue markers (HCPCS code A4648) and implantable radiation dosimeters (HCPCS code A4650) are separately billable and payable when used in conjunction with CPT codes 19499, 32553, 49411 or 55876 on a claim for physician services. Consistent with CMS, UnitedHealthcare Community Plan will allow separate reimbursement for HCPCS codes A4648 and A4650 when billed on the same date of service with either CPT codes 19499, 32553, 49411 or 55876. If A4648 and A4650 are reported in a facility setting or without CPT codes 19499, 32553, 49411, or 55876 they are not separately reimbursable.

Reimbursement for Supplies, DME, Orthotics, Prosthetics, Biologicals, and Drugs Reported with Facility Places of Service 19, 21, 22, 23 and 24

CMS follows a Prospective Payment System (PPS) where Medicare payment is based on a predetermined, fixed amount for inpatient or outpatient facility services. With these fixed rates all costs associated with supplies, DME, orthotics, prosthetics, biologicals and drugs are deemed included in the global payment to the facility and are not considered separately reimbursable when reported on a CMS-1500 claim form by a physician or other qualified healthcare professional.

Consistent with CMS, UnitedHealthcare will not allow separate reimbursement for specific HCPCS supplies, DME, orthotics, prosthetics, biologicals, and drugs when submitted on a CMS-1500 claim form by any physician or other qualified health care professional in the following facility POS: 19, 21, 22, 23, and 24. The UnitedHealthcare Supply DME Codes in a Facility Setting and Supply Facility J-Code Denial Code list contains the codes that are not separately reimbursable in a facility place of service.

For the purposes of this policy, a facility place of service is considered POS 19, 21, 22, 23, and 24.

Durable Medical Equipment, Orthotics, Prosthetics, and Related Supplies Reported with Facility Places of Service 31 and 32

In alignment with the CMS PPS reimbursement methodology, UnitedHealthcare considers payment for certain DME, orthotics, prosthetics and related supply items on the CMS Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule to be included in the payment to a skilled nursing facility (POS 31) and nursing facility (POS 32) and not reimbursed separately when reported by a physician or other qualified health care professional on a CMS-1500 claim form.

For the purposes of this policy, skilled nursing facility and nursing facility places of service are considered POS 31 and 32.

HCPCS Code J3490 and J3590

Local anesthetic agents submitted with HCPCS codes, J3490 (Unclassified drugs) and J3590 (Unclassified biologics) billed with procedures in the range of 10000 – 69999, in POS 11 are not separately reimbursable. The anesthetic agents are integral to the procedures.

Proprietary information of UnitedHealthcare Community Plan. Copyright 2026 United HealthCare Services, Inc. 2026R0006H

HCPCS Code L8680
HCPCS code L8680 (Implantable neurostimulator electrode) is denied in all facility places of service because it is considered included in the reimbursement to the facility (see "Supply DME Codes in a Facility Setting" code list). Code L8680 is also denied in non-facility places of service when reported with CPT code 63650 (Percutaneous implantation of neurostimulator electrode array, epidural) because the electrodes are considered included in the reimbursement for the procedure. This is in alignment with CMS.
Supply Code 99070 and 99072
For reimbursement of covered medical and surgical supplies, an appropriate Level II HCPCS code must be submitted. The non-specific CPT codes 99070 (supplies and materials, except spectacles, provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered [list drugs, trays, supplies, or materials provided]) and 99072 are not separately reimbursable in any setting.

State Exceptions	
Arizona	The following do not apply to Ambulatory Surgery Centers: UnitedHealthcare Community Plan Facility J-Codes Denial Codes List, and UnitedHealthcare Community Plan Supply DME codes in a Facility Setting. Arizona **LTC** allows codes E0194, E0304 and E0635 to be billed in POS 31 and 32
Colorado	The following lists do not apply to Colorado: UnitedHealthcare Community Plan Supply DME codes in a Facility Setting and UnitedHealthcare Community Plan Supply DME codes in POS 19, 22 and 24. Colorado allows codes E0441, E0442, E0443, E0444, S8120, S8121, E0424, E0425, E0430, E0431, E0434, E0435, E0439, E0440, K0738, E1390, E1391, and E1392 to be billed in POS 31 and 32
Florida	Per State Regulations, Florida Medicaid allows reimbursement for HCPCs code A9900.
Hawaii	The following lists do not apply to Hawaii Medicaid: UnitedHealthcare Community Plan Facility J-Codes Denial Codes, UnitedHealthcare Community Plan Supply DME codes in a Facility Setting, UnitedHealthcare Community Plan Supply DME codes in an Ambulatory Surgical Center and UnitedHealthcare Community Plan Supply DME codes in a Skilled Nursing Facility.
Indiana	This Policy only applies to services that are included in the covered code list that is derived from the State of Indiana published fee schedules. Per State Regulations: Implantable Durable Medical Equipment (DME) Separately Reimbursable in the Outpatient Setting plus HCPCS L8679 are all Allowed separately billed on a 1500 in POS 19, 22, 23, 24
Kansas	Per State Regulations: • CPT code 99070 is separately reimbursable in POS 19, 22, 23, 24. • HCPCS codes J0178, J0642, J1050, J7030, J7040, J7042, J7050, J7070, J7100, J7110, J7120, J7131, J9017 are allowed in POS 19, 22, 23 • HCPCS codes J0220, J0221, J0257, J3060, J3385 are allowed in POS 19, 21, 22 and 24 • HCPCS codes L8692, V5181, V5257, V5261, and V5264 are allowed in POS 19, 21, 22, 23, 24
Kentucky	Per state regulation, Kentucky Medicaid allows codes L8699 and L8680 to be billed in POS 24.

Proprietary information of UnitedHealthcare Community Plan. Copyright 2026 United HealthCare Services, Inc. 2026R0006H

Massachusetts	Massachusetts allows reimbursement for custom and non-custom electric wheelchairs, oxygen equipment and related supplies in a Nursing Facility POS 31 and 32.
Michigan	The following lists do not apply to Michigan Medicaid: UnitedHealthcare Community Plan Supply DME codes in a Facility Setting and UnitedHealthcare Community Plan Supply DME codes in an Ambulatory Surgical Center.
Minnesota	Per State Regulations, Minnesota Medicaid allows: HCPCS codes A4261, A4267, A4266, A4268, A4269, V5260
Mississippi	Mississippi allows code J7303 to be billed in POS 22 for both MSCAN and MSCHIP products.
Missouri	92557, 92620, 92621, 92626, 92627, 92630, 92633, 99429, S9152, V5011, V5030, V5040, V5050, V5060, V5090, V5100, V5110, V5120, V5130, V5140, V5160, V5171, V5172, V5181, V5200, V5211, V5212, V5213, V5214, V5215, V5221, V5240, V5241, V5242, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5264, V5267, V5275, V5281, V5282, V5283, V5284, V5285, V5286, V5287, V5288, V5289, V5290, L7510, L8615, L8616, L8617, L8618, L8619, L8621, L8622, L8623, L8624, L8625, L8627, L8628, L8629, L8692, V5014, 92507, 92517, 92518, 92519, 92558, 92601, 92602, 92603, 92604, 92650, 92651, 92652, 92653, 92700, 92562, 92563, 92567, 92568, 92570, 92531, 92540, 92541, 92542, 92544, 92545, 92546, 92547, 92550, 92551, 92552, 92553, 92555, 92556, 92565, 92572, 92577, 92579, 92582, 92583, 92584, 92587, 92588, V5266, V5298, V5299 are allow in a facility setting.
Nebraska	Nebraska Medicaid utilizes their own list of codes that are not separately reimbursable in a Skilled Nursing Facility (POS 31) or Nursing Facility (POS 32). Per State Regulations, code 99070 is reimbursable with certain considerations. Please see the C&S NE Unlisted reimbursement policy.
North Carolina	Per North Carolina regulations, NC Medicaid allows: HCPCS codes E0570, A7003, A7004, A7005, A7006, A7015, A4627, A4614 are separately reimbursable even if submitted with an Evaluation and Management (E/M) service or procedure code. Per state regulations, CPT 99070 is separately reimbursable. Per state regulations, CPT 99072 is not covered. Per state regulations, CPT V5050, V5060, V5090, V5130, V5264, V5266, V5627, V5274, and V5299 are allowed in POS 21 and 22. NC allows codes A4570, A4580 and A4590 to be billed for cast/splint supplies.
Ohio	Per Ohio Medicaid and MMP requirements: Contraceptive supply items A4267 and A4268 are separately reimbursable. Under the Nursing Facility Place of Service- POS 31 and 32. The following are separately reimbursable: • Custom wheelchairs and/or custom wheelchair seating and related wheelchairs and supplies. Such items must meet State criteria and have appropriate authorization when applicable. • HCPCS E0465 and E0466 • HCPCS E1390, E1391, E0441 and E0442
Tennessee	Per Tennessee state regulation, Complex Rehabilitation Therapy (CRT) is allowed in a POS 31 and 32

Proprietary information of UnitedHealthcare Community Plan. Copyright 2026 United HealthCare Services, Inc. 2026R0006H

Texas	Texas allows reimbursement for custom and non-custom electric wheelchairs in Nursing Facility POS 31 and 32, when authorized by the Health Plan. Texas allows reimbursement for wheelchair accessories in POS 31 and 32. Texas allows codes J2182, J2786, J7175, J7179, J7202, J7207 and J7209 to be billed in POS 19 and 22.
Virginia	Per State Regulations, CPT 99070 may be reimbursed: • When billed for unlisted supplies and materials used in non-surgical procedures and for supplies and materials provided by the physician over and above those routinely used during an office visit. Documentation is required. For Family planning supplies (such as condoms, Intrauterine Devices, etc.) when billed with the FP and U2 modifier. Invoice required. Under the Nursing Facility Place of Service 31 and 32, the following codes are separately reimbursable: K0005, K0040, K0108, K0195, K0835-K0843, K0848-K0864, K0868-K0871, K0877-K0880, K0884-K0886, E0961, E0971, E0973, E0986, E1161, E1225, E1231-E1238, E2203, and E2231, E2607, and E2611.
Washington	Per State Regulations, WA Medicaid allows: • HCPCS code V2632 in a POS 24, HCPCS code J0642 in a POS 19, 21, 22, 23 & 24 and certain DME supplies to be billed in a POS 31 & 32. • WA allows codes J0570, J0572, J0574, J0575, and J2310 to be separately reimbursable in POS 19, 21, 22, 23, and 24. • HCPCS Codes A4626, A4627, A4628 to be reimbursable in a non-facility place of service, which are: POS 1, 3, 4, 9, 11, 12, 13, 14, 15, 16, 17, 20, 33, 49, 50, 54, 55, 57, 60, 62, 65, 71, 72, 81 and 99. • HCPCS K0005 is reimbursable in a POS 12, 13, 31, 32 and 99 • Washington Medicaid Reentry has a list of codes that are allowed in POS 09.
Washington DC	Per State Regulations, code 99072 is not covered
Wisconsin	Per State Regulations, codes A4550 and 99070 are payable within specific parameters. Wisconsin allows DME codes Q0163, Q0164, Q0166, Q0167, Q0169, Q0173, Q0174, Q0175, Q0177, Q0180, Q2004, Q2009, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, and Q4116 to be reimbursed in an Ambulatory Surgical Center. Wisconsin allows oxygen equipment and related supplies to be paid separately in a Nursing Facility POS 31 and 32. Codes E2402 and A6550 are payable in a Nursing Facility POS 31 and 32. Wisconsin allows DME codes V5171, V5181, V5211, V5221, V5256, V5257, V5260, V5261 to be reimbursed on CMS 1500 with POS 19, 21, 22 and 23. Wisconsin state regulation considers POS 19 as non-facility place of service. HCPCS codes L8614 and L8690 are allowed in the following POS 22, 23, 24.

Proprietary information of UnitedHealthcare Community Plan. Copyright 2026 United HealthCare Services, Inc. 2026R0006H

Definitions	
Prospective Payment System	A Prospective Payment System (PPS) is a method of reimbursement in which Medicare payment is made based on a predetermined, fixed amount. The payment amount for a particular service is derived based on the classification system of that service (for example, diagnosis-related groups for inpatient hospital services). CMS uses separate PPSs for reimbursement to acute inpatient hospitals, home health agencies, hospice, hospital outpatient, inpatient psychiatric facilities, inpatient rehabilitation facilities, long-term care hospitals, and skilled nursing facilities.

Questions and Answers	
1	**Q:** If a member obtains medical supplies such as blood glucose test strips or lancets from a medical supply company, what place of service should the medical supply company report? **A:** Since the items are for home use, the medical supply company should report with a CMS Place of Service code 12 (Home). Reporting any other place of service code than 12 would be inappropriate when the items are dispensed for home use.

Attachments	
Facility J-Codes Denial Codes List	A list of HCPCS drug codes not separately reimbursable in POS 19, 21, 22, 23 and 24.
Nebraska Non-Reimbursable Supply Codes in POS 31 and 32 List	List of Supply codes not separately reimbursable for Nebraska in POS 31 and 32.
Tennessee Complex Rehabilitation Therapy Codes in POS 31 and 32	List of Complex Rehabilitation Therapy Codes allowed in a POS 31 and 32
Washington WAHLOP-WAIMCRE Reentry Program	List of Supply codes that is allowed in a POS 09 for Washington State Reentry Program
NON-REIMBURSABLE Supply Codes List	A List of HCPCS supply codes that are not separately reimbursable in an office, non-facility or facility place of service.
Supply DME Codes in a Facility Setting	A list of DME codes for purchase only not separately reimbursable in POS 19, 21, 22, 23 or 24.
Supply DME Codes in a Skilled Nursing Facility	A list of DME, Orthotics, Prosthetics, and related supplies not separately reimbursable in POS 31 or 32.

Resources
Individual state Medicaid regulations, manuals & fee schedules

Proprietary information of UnitedHealthcare Community Plan. Copyright 2026 United HealthCare Services, Inc. 2026R0006H

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History	
8/16/2026	Policy Version Change Attachment Section: Updated Supply DME Codes in a Facility Setting and Facility J-Codes Denial Codes List History Section: Entries prior to 8/16/2024 archived
8/9/2026	Policy Version Change State Exceptions Section: Washington updated
7/19/2026	Policy Version Change Attachment Section: Updated Supply DME Codes in a Facility Setting History Section: Entries prior to 7/19/2024 archived
6/28/2026	Policy Version Change Attachment Section: Updated Facility J-Codes Denial Codes List History Section: Entries prior to 6/28/2024 archived
4/19/2026	Policy Version Change Attachment Section: Updated Supply DME Codes in a Facility Setting History Section: Entries prior to 4/19/2024 archived
3/29/2026	Policy Version Change Attachment Section: Updated Facility J-Codes Denial Codes List and Supply DME Codes in a Facility Setting History Section: Entries prior to 3/29/2024 archived
2/15/2026	Policy Version Change Attachment Section: Updated Supply DME Codes in a Facility Setting list History Section: Entries prior to 2/15/2024 archived
1/1/2026	Policy Version Change Attachment Section: Updated Facility J-Codes Denial Codes List and Supply DME Codes in a Facility Setting History Section: Entries prior to 1/1/2024 archived
12/14/2025	Policy Version Change Attachment Section: Updated Supply DME Codes in a Facility Setting list and Supply DME Codes in a Skilled Nursing Facility list History Section: Entries prior to 12/14/2023 archived
10/19/2025	Policy Version Change Attachment Section: Updated Tennessee Complex Rehabilitation Therapy Codes in POS 31 and 32
9/21/2025	Policy Version Change Attachment Section: Updated Facility J-Codes Denial Codes List, Supply DME Codes in a Facility Setting list History Section: Entries prior to 9/21/2023 archived
8/24/2025	Policy Version Change State Exceptions Section: Indiana updated

Proprietary information of UnitedHealthcare Community Plan. Copyright 2026 United HealthCare Services, Inc. 2026R0006H

8/04/2025	Policy Version Change & verbiage updated State Exceptions Section: Wisconsin updated History Section: Entries prior to 8/04/2023 archived
7/20/2025	Policy Version Change State Exceptions Section: North Carolina updated
7/13/2025	Policy Version Change State Exceptions Section: California removed
6/29/2025	Policy Version Change State Exceptions Section: Updated Washington Attachment Section: Added Washington WAHLOP-WAIMCRE Reentry Program and Updated Facility J-Codes Denial Codes List History Section: Entries prior to 6/29/2023 archived
5/18/2025	Policy Version Change Attachment Section: Updated Supply DME Codes in a Facility Setting list and Supply DME Codes in a Skilled Nursing Facility list History Section: Entries prior to 5/18/2023 archived
4/13/2025	Policy Version Change State Exceptions Section: Updated Washington Attachment Section: Updated Nebraska Non-Reimbursable Supply Codes in POS 31 and 32 List and Supply DME Codes in a Facility Setting list
3/30/2025	Policy Version Change Attachment Section: Updated Facility J-Codes Denial Codes List, Supply DME Codes in a Facility Setting list and Supply DME Codes in a Skilled Nursing Facility list History Section: Entries prior to 3/30/2023 archived
2/09/2025	Policy Version Change State Exceptions Section: Updated Kentucky
1/26/2025	Policy Version Change Attachment Section: Updated Supply DME Codes in a Facility Setting list and Supply DME Codes in a Skilled Nursing Facility list
1/01/2025	Policy Version Change Attachment Section: Updated Supply DME Codes in a Facility Setting list and Facility J-Codes Denial Codes List History Section: Entries prior to 1/01/2023 archived
11/03/2024	Policy Version Change State Exceptions Section: Updated Virginia
10/20/2024	Policy Version Change Attachment Section: Updated Supply DME Codes in a Facility Setting list and Supply DME Codes in a Skilled Nursing Facility list
10/13/2024	Policy Version Change State Exceptions Section: Updated Virginia
9/22/2024	Policy Version Change State Exceptions Section: Missouri added Attachment Section: Updated Facility J-Codes Denial Codes List
9/15/2024	Policy Version Change State Exceptions Section: Tennessee added Attachment Section: Tennessee added

Proprietary information of UnitedHealthcare Community Plan. Copyright 2026 United HealthCare Services, Inc. 2026R0006H

1/6/2006	Policy implemented by UnitedHealthcare Community Plan

Proprietary information of UnitedHealthcare Community Plan. Copyright 2026 United HealthCare Services, Inc. 2026R0006H